FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

FORM D

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response . . . 16.00



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
I	<u> </u>				
DATE RE	CEIVED				
I	1				

00000020		PRO	CESSED
Name of Offering (☐ check if this is SOLID ROCK FUND, L.	an amendment and name has changed, and indicate change.)	MAR	2 2009 SEC Mail Processing
Filing Under (Check box(es) that appl	ty): Rule 504 Rule 505 M Rule 506 Section 4(6) C	THOMSO	N DETTERS
Type of Filing: New Filing An	nendment		A KENIEKS PER 1 0 3899
	A. BASIC IDENTIFICATIO	N DATA	FEB 19 2009
1. Enter the information requested abo			
Solid Rock Fund, LLC	amendment and name has changed, and indicate change.)		Washington, DC 111
Address of Executive Offices (Number	er and Street, City, State, Zip Code)		Telephone Number (Including Area Code)
	P.O. Box 905, Road Town, Tortola, British Virginions (Number and Street, City, State, Zip Code) N/A	n Islands	(011) 44-207-495-9202 Telephone Number (Including Area Code)
Brief Description of Business Inves	stment Fund		
Type of Business Organization			
☐ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	2 0	other (please specify): limited liability company
Actual or Estimated Date of Incorpora	ation or Organization:	Month 0 1	Year 0 3 Ø Actual ☐ Estimated
Jurisdiction of Incorporation or Organ	nization: (Enter two-letter U.S. Postal Service abbreviation for	State	<u></u>
outself of the state of the sta	CN for Canada; FN for other foreign jurisdiction)	DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partn
Full Name (Last name first,	if individual)				
Solid Rock Manageme	ent Limited				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
P.O. Box 905, Road To	wn. Tortola B	/I			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director of the Manager	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Sedgwick, Graham					
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
D O D 005 D 15	m	7.0			
P.O. Box 905, Road To Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
check box(cs) that Apply.	LI Tromoter	Denoticial Owner	- Executive Officer	of the Manager	Managing Partner
Full Name (Last name first,	if individual)				
Barton, Noel					
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
P.O. Box 905, Road To	wn, Tortola BV	/ I			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director of the Manager	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			,	
McAuliffe, Kevin					
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)c/o E	den Rock Capital Management	LLP	<u> </u>
5th Floor, 50 Curzon S	Street Landon	Froland WII 711W	ø		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet City State Zin Code)			
	oss (rvamour and sv	out, only, onate, zip cone,			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)	······································		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	oon Olumbar and St	reat City State 7in Code			
pusitiess of residence Addr	ees (inminer and 50	eet, ony, mate, zip code)			

			·		•		B. I	NFO	RM/	ATIO	N AI	BOUT (OFFERING	3			
1. Has	the iss	uer solo	l or doe	s the issu	er inten	d to sel	l, to non	-accred	lited inv	estors i	n this o	ffering?				Yes	No ☑
						Ansv	ver also	in App	endix, (Column	2, if fil	ing under (JLOE.				
2. Wh	at is the	e minim	um inve	estment 1	hat will	be acce	pted fro	om any	individ	ual?						s	100,000
3. Do	es the o	ffering	permit j	oint own	ership o	fa sing	le unit?									Yes ☑	No
p ai	urchase nd/or w	rs in co ith a sta	nnectio	n with s	ales of s the nam	ecuritie e of the	s in the broker	offerin	ıg. If a	person	to be li	sted is an a	or indirectly, any ssociated person to be listed are ass	or agent of a l	oroker or de	aler register	ed with the SEC
Full N N/A	lame (L	ast nan	ne first,	if individ	lual)												
Busin	ess or F	Residen	e Addr	ess (Nun	nber and	Street,	City, S	tate, Zip	Code)	•							
Name	of Ass	ociated	Broker	or Deale	r		•										
States	in Whi	ich Pers	on Liste	ed Has S	olicited (or Inten	ds to So	olicit Pu	ırchaseı	rs							
(Chec	k "All S	States"	or checl		ual State	s)								□ All States			
[IL]	[IN]	[IA]	[KS]	[KY]			[MD]			. ,	[MS]	` '					
	[NE]		[NH]					•		[OK]							
[RI]	[SC]	[SD]	[TN]	[TX]	ניטן	[17]	ĮVAJ	[WA]	[WV]	[WI]	[WY]	[PR]					
Full N	lame (L	ast nan	ne first,	if individ	iual)												
Busin	ess or R	Residen	e Addr	ess (Nun	nber and	Street,	City, S	tate, Zip	Code)								
Name	of Ass	ociated	Broker	or Deale	r												
				d Has S						-							
(Chec [AL]		States" ([AZ]		cindivid [CA]		•				[GA]				. □ All States			
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			[NH]							[OK]							
(RI)			[TN]							[WI]							
Full N	lame (L	ast nan	ne first,	if individ	lual)					·						 	
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Busin	ess or R	Residenc	e Addn	ess (Nun	nber and	Street,	City, S	tate, Zip	o Code)								
Name	of Ass	ociated	Broker	or Deale	r												
				d Has S													
				individ [CA]								[ID]	***************************************	☐ All States			
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[MT]	[NE]	[NV]	[NH]	[NJ]						[OK]							
(RI]	[SC]	[SD]	[TN]	[TX]						[WI]							
	-		_	-	_	_	-	• •	•								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer- 		
ing, check this box \(\Price \) and indicate in the column below the amounts of the securities of		•
fered for exchange and already exchanged. Type of Security .	Aggregate Offering Price	Amount Already Sold
Debt	•	•
Equity		\$
	3	J
□ Common □ Preferred		
Convertible Securities (including warrants)		2
Partnership Interests	\$	\$
Other (Specify Limited Liability Company Interests)	\$ <u>50,000,000*</u>	\$ <u>1,253,000.00</u>
Total	\$ <u>50,000,000*</u>	\$ <u>1,253,000.00</u>
Answer also in Appendix, Column 3, if filing under ULOE * This is an estimate. There is no	maximum amount to	be raised.
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	3	\$1,253,000.00
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		s
Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type of Security	Dollar Amount Sold
D 1 404	•	_
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		<u> </u>
		ð
Legal Fees		\$ 10,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (Specify finder's fees separately)		\$
Other Expenses (identify) travel, fees, etc		\$5,000
Total		\$15,000

Question I and total expenses furnishe	gate offering price given in response to Part C- d in response to Part C-Question 4.a. This difference ssuer."		\$49,9	85,000	
used for each of the purposes shown. If the an estimate and check the box to the left o	gross proceeds to the issuer used or proposed to be e amount for any purpose is not known, furnish f the estimate. The total of the payments listed the issuer set forth in response to Part C-Ques-				
		I	Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			s		s
Purchase of real estate			s		S
Purchase, rental or leasing and inst	allation of machinery and equipment		\$		s
Construction or leasing of plant bu	ildings and facilities		s		s
offering that may be used in excha	cluding the value of securities involved in this nge for the assets or securities of another issuer	п	s	п	s
•			s		s
• • • • • • • • • • • • • • • • • • • •			s		\$ <u>49,985,000</u>
y .			s		\$
		_		_	
			5		S
			s		<u> </u>
Total Payments Listed (column tot	als added)			\$ <u>49,985</u>	.000
	D. FEDERAL SIGNAT	'URE		 _	
The issuer has duly caused this notice to be s undertaking by the issuer to furnish to the l non-accredited investor pursuant to paragraph	igned by the undersigned duly authorized person. If the J.S. Securities and Change Commission, upon wrif (b) (2) of Rule 502	is notic ten requ	e is filed under R uest of its staff, th	ule 505, the	following signature constitute on furnished by the issuer to
Issuer (Print or Type) Solld Rock Fund, LLC	Signature		Date	1-30	-2009
Name of Signer (Print or Type) Santo Volpe	Title of Signer (Print of Type) Director of the Manager				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

